

Training & Longevity Supplement Application

APPLICANT: Complete Section 1 (Candidate Information) and Section 2 (Program Information).

1. CANDIDATE (PAYEE) INFORMATION:

Full Name (first, middle, and last) _____
 Home Address Street Number _____
 City _____ County _____ Zip Code _____
 Home Phone Number: _____ Date of Birth ____/____/____
 Provider's Social Security Number: _____ - _____ - _____ (Bonus monies must be reported as income to the IRS.)

2. PROGRAM INFORMATION:

Child care program you are currently employed in:
 Program Name _____
 Program Address Street Number _____
 City _____ County _____ Zip Code _____
 Program Owner/Supervisor _____ Program Phone # _____

POSITION YOU CURRENTLY HOLD: (check one)

____ Licensed Family Provider: # of **unrelated** children you care for: _____
 ____ Licensed Center Teacher / Caregiver ____ Licensed Center Director
 ____ Other: _____

How many hours per week do you work in this position? _____

What date did you start your current, continuous employment in this licensed position / program? ____/____/____

Please note: In order to be eligible for a Training & Longevity Supplement, you must be currently employed (**at the time you receive your award and bonus**) working at least 20 hours per week with children ages birth through preschool or at least 10 hours per week working with children ages kindergarten through 6th grade, and must have been employed in that capacity for at least the past 12 months in the same program.

Documentation Attached: (The following documentation **must** accompany your application or it will be returned to you.)

____ A copy of the current state child care license of the program you are employed in.
 ____ A copy of your highest level of Career Ladder Certification.

Please submit completed applications **and accompanying documentation** to:
Allow 4-8 weeks for the processing of your application.

CCPDI
4600 South Redwood Road
Salt Lake City, UT 84123

3. DO NOT COMPLETE THIS SECTION. For OCC office use only.

Years of continuous licensed experience _____ Career Ladder Level _____ Bonus Amount _____
 Business Type: Individual
 Amount: \$ _____ Vendor # _____ Contract # _____ Invoice # _____
 Submitted and Approved by: _____ Date ____/____/____

| Fund | Agency | Low Org | Approp Unit | Activity Code | Object Code | Rept Category | Amount | Check Category |
|------|--------|---------|-------------|---------------|-------------|---------------|--------|----------------|
| 100 | 600 | 6160 | N J B | 6TRN | | CCXP | | 03 |